

**BILLING FOR SPECIAL SERVICE COSTS FOR STATE-PLACED STUDENTS  
WHO ARE NOT SPECIAL EDUCATION ELIGIBLE  
SCHOOL YEAR 2008 - 2009**

**Check off where you would like payment made :**

☐ **Reporting entity:** \_\_\_\_\_

☐ **SU Number:** \_\_\_\_\_

Student Name	DOB	State ID#	Description of Services	Begin Date	End Date	Cost of Service

Local Education Authority Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ **Copy of Bill and Documentation of payment attached**

FOR DEPARTMENT USE ONLY		
FINANCE CODES	<input type="checkbox"/> Request Received & in file	<input type="checkbox"/> Proof of payment attached
20205-510005000-51192009-0520	<input type="checkbox"/> Plan Received & in file	<input type="checkbox"/> Commissioner Letter Attached for Finance
3209-_____-09-00	<input type="checkbox"/> Commissioner Approved	